5-15-03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:	Robert J. Ein)
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Serial No.: 09/769,727 Art Unit: 3742

Filed: January 26, 2001 Examiner: John A. Jeffery

For: THERAPEUTIC APPARATUS

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

ATTENTION: Mail Stop Non-Fee Amendment

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TECHNOLOGY CENTER R3700

AMENDMENT

Sir:

TRADEM

In response to the Office communication, dated February 11, 2003, please amend the above-identified application in the following manner:

IN THE CLAIMS:

E CLAIMS:Please cancel claims 1 through 5, 8, 9, 1/1, 24, 26, 27, 33 through 47, 50, 51 and 53.

Please amend the following claims:

The apparatus of claim 68, further comprising a pressure sensor (Amended) 6. mounted to said wrap, said pressure sensor adapted to turn ON said control unit when said pressure sensor is activated.

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PTO/SB/06 (05-03)
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PATENT APPLICATION FEE DETERMINATION RECORD **Application or Docket Number** 104070.113920 Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) FOR **NUMBER FILED** NUMBER EXTRA FEE RATE RATE FEE BASIC FEE \$355 (37 CFR 1.16(a)) OR TOTAL CLAIMS 58 minus 20 = 38 (37 CFR 1.16(c)) 342 OR INDEPENDENT CLAIMS 3 minus 20 = (37 CFR 1.16(b)) OR MULTIPLE DEPENDENT CLAIM PRESENT 0 (37 CFR 1.16(d)) OR 697 **TOTAL** * If the difference in column 1 is less than zero, enter "0" in column 2. OR **TOTAL** CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-EXTRA **AMENDMENT AFTER PREVIOUSLY** TIONAL TIONAL **AMENDMENT** PAID FOR FEE FEE Minus Total 41 58 (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) 6 3 x \$_42 = 126 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) +\$ OR TOTAL **TOTAL** ADD'L FEE 126 OR ADD'L FEE (Column 2) (Column 1) (Column 3) **CLAIMS** HIGHEST PRESENT REMAINING NUMBER **RATE** ADDI-**RATE** ADDI-**EXTRA TIONAL AFTER PREVIOUSLY** TIONAL **AMENDMENT** PAID FOR FEE FEE ENDME Minus Total X \$ (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST **PRESENT RATE** RATE ADDI-REMAINING NUMBER ADDI-**EXTRA** TIONAL **AMENDMENT PREVIOUSLY** TIONAL **AFTER** FEE **AMENDMENT** FEE PAID FOR = Minus Total (37 CFR 1.16(c)) OR Independent = Minus (37 CFR 1.16(b)) X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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